s. No.	Name of State	Cumulative no. of AIDS Cases as on 31 st March		
		2000	2001	2002
16.	Kerala	162	267	267
17.	Lakshadweep	0	0	0
18.	Madhya Pradesh	620	664	759
19.	Maharashtra	3726	4459	7045
20.	Orissa	54	55	82
21.	Nagaland	80	103	235
22.	Manipur	726	790	1095
23.	Mizoram	15	16	20
24.	Meghlaya	8	8	8
25.	Pondicherry	141	141	157
26.	Punjab	131	131	135
27.	Rajasthan	212	272	394
28.	Sikkim	2	2	4
29.	Tamil Nadu	8570	9714	16677
30.	Tripura	0	0	0
31.	Uttar Pradesh	259	282	506
32.	West Bengal	57	57	831
33.	Ahmedabad M. Corpn.	0	0	267
	Total	16722	20304	34362

Policy regarding opening of CGKS Dispensaries

497. SHRI RAJNATH SINGH 'SURYA': Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the policy of Government regarding opening of CGHS dispensaries or recognizing private hospitals/clinics;

(b) whether Government are considering phasing out CGHS and provide insurance cover to Government employees; and

(c) the extent of corruption and inefficiency in hospitals and dispensaries under CGHS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The Staff Inspection Unit of the

Dept. of Expenditure, Ministry of finance has laid down the norms for opening of CGHS Allopathic dispensaries in its report of November, 1999. As per these norms, a minimum of 2000 cardholders (both serving and pensioners) which comes to 10,000 beneficiaries are required for opening of a new CGHS Allopathic dispensary. For extension of CGHS to a new city, at least three dispensaries are to be opened and hence 6000 cardholders or 30,000 beneficiaries are necessary. However, due to paucity of resources, it has not been possible to open new CGHS dispensaries in all uncovered areas even if the norms of card holders are fulfilled. To reduce over crowding and the long waiting list for getting admission/ treatment at Govt, hospitals, the Govt, had decided to recognise private hospitals in CGHS covered cities to enable CGHS beneficiaries avail their services.

(b) At present, CGHS is available in only 23 cities in the country and in the other ares, CS (MA) Rules, 1944, are applicable.

(c)The services provided through CGHS dispensaries are generally up to the satisfaction of the beneficiaries. Further, CGHS dispensaries are regularly inspected and monitored by the concerned Additional Directors/Joint Directors who function as Head of the CGHS Organization in various CGHS covered cities.

Health care for women

498. SHRI LAJPAT RAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India has a large percentage of female population in above 45 years segment but the focus of health care for women is still limited to child birth and initial post child birth years;

(b) if so, the factors responsible for such a situation; and

(c) the efforts being made to expand and extend various medical services/health care to women at large?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Based on the data on Maternal Mortality Ratio (MMR) provided by the Sample Registration System-1998, of the Registrar General of India, it is estimated that about